

LED NOV 6 1952

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **35411**

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>492</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> c. LENGTH OF STAY (in this place) <u>62 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fremont Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> d. STREET ADDRESS (If rural, give location) <u>536 No. Wall Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u> b. (Middle) <u>C.</u> c. (Last) <u>Landreth</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>10-25-1952</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>4-23-1873</u>	
9. AGE (In years last birthday) <u>79</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wamego Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John B. Cotton</u>		13b. MOTHER'S MAIDEN NAME <u>Eunice Allen</u>		14. NAME OF HUSBAND OR WIFE <u>W.H. Landreth Dec'd.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hugh Rainey</u>		ADDRESS <u>Joplin, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH _____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>11200</u>		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>6-27</u> , 19 <u>52</u> , to <u>10-25</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-25</u> , 19 <u>52</u> , and that death occurred at <u>2:10</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Allen W. Kohler</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Joplin, Mo.</u>		23c. DATE SIGNED <u>10-27-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-27-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Wash. City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-29-52</u>		REGISTRAR'S SIGNATURE <u>Ed O. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hamhill - Dillon Mort.</u>		ADDRESS <u>Joplin, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-5-52
Jasper County Health Office

County File Number 52/11/859

Date Filed 11-5-52

1952
FEB 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Cecilia Johnson*

Licensed Embalmer No. 3590.

P. O. Address *Joplin, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.